



## **HALL COUNTY SHERIFF'S OFFICE**

### **DEPUTY SHERIFF APPLICATION PACKET**

Thank you for your interest in law enforcement and in working as a deputy sheriff for Hall County. This packet should contain all the information necessary to prepare a complete application. Any questions you have should be directed to Sgt. Troy Arends, phone # 308-385-5200 or e-mail at [troya@hallcountyne.gov](mailto:troya@hallcountyne.gov). The application and testing procedure is as follows:

#### **Application**

Your application must include all of the following.

Minimum requirements - To be eligible to work in law enforcement in Nebraska and for Hall County you must meet these requirements.

- Minimum age of 21 by application deadline
- High school diploma or GED
- Provide a valid birth certificate and a Nebraska driver's license (or eligible to obtain a Nebraska license at the time of the test).
- Each applicant must not have been convicted of a felony nor convicted of a Class I misdemeanor or any crime involving domestic violence or child abuse.

#### **Completed, signed application**

All information must be complete and accurate. Missing or incorrect information or missing documentation may result in you being removed from the process. All required documentation must be provided by the specified deadline unless specific approval is received from Sgt. Arends in advance of that date. Exceptions can be made in certain circumstances, however once the deadline is passed, incomplete application will be rejected if prior approval has not been obtained. See the attached application checklist to assist you in completing your application.

Your experience and education will be scored based on the information and documentation that you provide with your application. Incomplete information regarding your training, education, and experience will result in losing valuable points.

## **Testing**

Prior to the date of testing, you MUST provide documentation that you have passed the Test of Adult Basic Education (TABE). If you have already passed this test while applying for a law enforcement position in Nebraska, contact the Nebraska Law Enforcement Training Center to obtain that documentation. If you have not yet passed this test, contact the Nebraska Law Enforcement Training Center immediately at (308-385-6030) and make arrangements to take the test. Cost for this test is \$10.00 and will be your responsibility.

The date of testing is scheduled to start promptly at 9:00 AM. This will include written, oral, and physical fitness testing.

**Each portion of the testing must be passed in order to continue with the process. Failure of any of these sections will result in elimination from consideration.**

Those passing all portions of the test will then be invited back for a Merit Commission interview the week of September 19th. You will be provided with a tentative appointment time after passing the written, oral interview, and physical fitness testing. Any further questions you have should be directed to Sgt. Troy Arends.

We appreciate your interest and look forward to the possibility of you becoming a part of our team. My personal best wishes to each candidate.

A handwritten signature in cursive script, appearing to read "Jerry Watson".

Jerry Watson  
Sheriff - Hall County

# **TESTING SCHEDULE**

You will need to be present at the dates, times, and locations specified.  
**Applicants arriving after the specified time will not be allowed to test.**

## **Phase One – Written Tests and Screening Interviews**

Date: Saturday, September 10, 2016

Time: 9:00 am

Location: **Nebraska Law Enforcement Training Center, 3600 Academy Rd.**, Grand Island, NE (southwest of airport).

## **Phase Two – LEOPAT (physical fitness testing)**

Date/Time: September 10, 2016, following successful completion of Phase One

Location: **Nebraska Law Enforcement Training Center, 3600 Academy Rd.**, Grand Island, NE

## **Phase Three – Merit Commission Interview**

Date: week of September 19<sup>th</sup> (dates to be determined)

Times: By appointment

Location: **Law Enforcement Center, 111 Public Safety Drive**, Grand Island, NE (First stop light west of Stuhr Rd. on Hwy. 30 is Public Safety Dr.)

Appointments for Phase Three will be made after the successful completion of Phases One and Two.

Please contact Sgt. Troy Arends at 308-385-5200, ext. 2135, or via email at [troya@hallcountyne.gov](mailto:troya@hallcountyne.gov) if you have any questions.

**Final Phase – Prior to employment, additional testing will need to be passed including extensive background check, physical examination, physical fitness testing, drug testing, and psychological testing.**

*Hall County supports equal employment opportunities for all qualified individuals without distinction or discrimination because of race, color, sex, religion, age, national origin, disability or genetic information.*



Name: \_\_\_\_\_

## **DEPUTY SHERIFF** **APPLICATION CHECKLIST**

**IF APPLICATIONS ARE RECEIVED AFTER THE DEADLINE OR ARE INCOMPLETE, YOU WILL NOT BE ALLOWED TO TEST.**

Complete applications must include the following:

- \_\_\_\_\_ Signature
- \_\_\_\_\_ Copy of Driver's License
- \_\_\_\_\_ Copy of Birth Certificate (*Must be at least 21 yrs. old prior to testing*)
- \_\_\_\_\_ Copy of High School Diploma or G.E.D. Certificate
- \_\_\_\_\_ Copy of College Diploma or Transcripts (if applicable)
- \_\_\_\_\_ Proof that T.A.B.E. has been passed
- \_\_\_\_\_ Copies of Law Enforcement Training Certificates (if applicable)
- \_\_\_\_\_ Release of Information Form - for Hall County Sheriff's Office
- \_\_\_\_\_ Release of Information Form TC-006B - for Nebraska Law Enforcement Training Center. (This form is only required if applicant has previously attended the Training Center.)

APPLICATION MUST BE RECEIVED BY **5:00PM, August 31, 2016**  
AT THE:

**Hall County Sheriff's Office**  
**111 Public Safety Dr.**  
**Grand Island, NE 68801**

Please contact Sgt. Troy Arends at 308-385-5200, ext 2135, or via email at [troya@hallcountyne.gov](mailto:troya@hallcountyne.gov) if you have any questions.

**HALL COUNTY SHERIFF'S OFFICE**  
**DEPUTY SHERIFF**  
**APPLICATION FOR EMPLOYMENT**

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Application for testing  
(Applicants must be at least 21 years of age by closing of the application period)

**Date of Application:** \_\_\_\_\_

How did you learn about this position?

- ☐ Advertisement      ☐ Friend      ☐ Walk-in  
☐ Employment Agency      ☐ In-House Advertisement      Other \_\_\_\_\_

Last Name

First Name

Middle Name

Street Address

City

State

Zip

Telephone Number(s)

Driver's License Number/State

Email Address

When will you be able to begin work?

Date: \_\_\_\_\_

Are you prevented from lawfully becoming employed in  
this country because of Visa or Immigration Status?

Yes ☐      No ☐

**Applications may be mailed to  
or dropped off at:**

**Hall County Sheriff's Ofc.  
111 Public Safety Dr.  
Grand Island, NE 68801**

**For further information call:  
(308) 385-5200**

**EDUCATION** (Include college diplomas or transcripts to receive credit)

	Elementary	High School	College/Tech	Graduate
School Name and Location				
Years completed	4 5 6 7 8	9 10 11 12	1 2 3 4 5	1 2 3 4
Diploma/Degree				
Describe course of study				
Describe any honors you have received				

## MILITARY

<b>Complete this section if you served in the U.S. Armed Forces</b>	Branch of Service
Describe your duties and any special training	Period of Active Duty From                      To
	Rank at Discharge
	Date of Final Discharge

## SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience:

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## Foreign Language

List languages that you consider yourself fluent:

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## LAW ENFORCEMENT CERTIFICATION

Are you currently law enforcement certified?

Yes \_\_\_\_\_ In what state? \_\_\_\_\_ Date of Certification \_\_\_\_\_

*INCLUDE COPIES OF CERTIFICATES*

No \_\_\_\_\_

## SPECIALIZED LAW ENFORCEMENT TRAINING

List any Specialized Law Enforcement Training obtained through the Nebraska Law Enforcement Training Center or other recognized training facility. Only list certified training with a minimum of twenty-four classroom hours. Include copies of all certificates. Credit will only be given to those with proper documentation.

	Title of Course	Facility or Instructor	Hours
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Have you been convicted of any violations of the law other than parking violations? Yes ☐ No ☐

If yes, complete the following. Be completed, add additional pages if needed.

Violation	Date	Place	Court	Disposition
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

This position is subject to a veteran's preference. Are you eligible for and requesting a veteran's preference?

☐ Yes ☐ No

(A veteran requesting preference must submit with his/her Application for Employment a copy of the veteran's Department of Defense Form 214. A spouse of a veteran requesting preference must submit with his/her Application for employment a copy of the veteran's Department of Defense Form 214, a copy of the veteran's disability verification from the United States Department of Veteran Affairs demonstrating a 100 percent permanent disability rating, and proof of marriage to the veteran.)

## EMPLOYMENT EXPERIENCE

PLEASE GIVE ACCURATE, COMPLETE EMPLOYMENT RECORD. ADD ADDITIONAL PAGES IF NEEDED. START WITH PRESENT OR MOST RECENT EMPLOYER.

1. Company Name	Telephone
Address	Employed From To
Name of Supervisor/Title	Annual/Hourly Pay
Your Job Title/Position	Reason for Leaving

2. Company Name	Telephone
Address	Employed From To
Name of Supervisor/Title	Annual/Hourly Pay
Your Job Title/Position	Reason for Leaving

3. Company Name	Telephone
Address	Employed From To
Name of Supervisor/Title	Annual/Hourly Pay
Your Job Title/Position	Reason for Leaving

4. Company Name	Telephone
Address	Employed From To
Name of Supervisor/Title	Annual/Hourly Pay
Your Job Title/Position	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

### DO NOT CONTACT

Employer Number(s) \_\_\_\_\_ Reason \_\_\_\_\_



## PERSONAL REFERENCES

PLEASE LIST REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

1.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

2.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

3.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

4.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also understand to be considered for employment I must pass a pre-employment drug screen. I understand and agree that the Hall County Sheriff's Office may make pre-employment inquiries into my ability to perform job-related functions, and that I may be offered employment conditioned upon the results of a medical examination. I further agree and understand that any misstatement or omission of material fact may constitute cause for dismissal from employment with the aforementioned agency.

Signature \_\_\_\_\_

Office 308-385-5200  
Fax 308-385-5209



**"To Serve and Protect,  
Since 1859"**

I hereby authorize a review and full disclosure of all records of files, or any part thereof, concerning myself that may be related to my application for employment to the HCSO, its employees or its agents bearing or furnishing this release, within twelve (12) months of its date, whether the said records are public or private, and including these which may be deemed to be of a privileged or confidential nature. I authorize the full and complete disclosure of the records and files of educational institutions; financial or credit agencies; medical and psychiatric consultation and/or treatment, including hospitals, clinics, private practitioners, the U.S. Veteran's Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records, including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of civil nature made by or against me, including, but not limited to, the records and recollections of attorneys at law, other counsel representing or having represented me; and any records of any type whatsoever which concern any arrests or criminal charges involving me.

I further authorize the release of information to the HCSO, concerning all of the above mentioned area, or any other information which has a bearing on my fitness or ability to become trained and certified as a law enforcement officer, even though such information is not contained in written records and regardless of whether such information is considered privileged or confidential in nature.

This release is executed with full knowledge and understanding that the information is for the official use of the Hall County Sheriff's Office, and I further understand that such information can be released to any law enforcement agency where I might later wish to make application for employment.

I release from liability and hold Hall County and the Hall County Sheriff's Office harmless for all actions taken as a result of the information they receive.

I, the undersigned, hereby acknowledge that I give the above authority to release information of my own free will and for the purposed stated therein, and I have voluntarily furnished by Social Security number.

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**SIGNATURE**

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**DATE**



## CERTIFICATION FILE/INFORMATION RELEASE

NAME \_\_\_\_\_  
(PRINT or TYPE)

Last 4 of SSN \_\_\_\_\_ Date \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

This release is being made in conjunction with a request by \_\_\_\_\_ for further information pertaining to me that may be contained in either my student and/or officer file that is maintained at the Nebraska Law Enforcement Training Center.

I authorize the Nebraska Law Enforcement Training Center (hereinafter N.L.E.T.C.) to release the information listed below to \_\_\_\_\_, or other authorized representative of \_\_\_\_\_. This release shall include information pertaining to certification and certification status, employment, medical, and educational records, which shall include but not be limited to: academic, achievement, certification, attendance, athletic, personal history, and disciplinary records (please mark the items to be released).

TABE Results \_\_\_\_\_, Transcripts \_\_\_\_\_, Certification Documents \_\_\_\_\_, Other \_\_\_\_\_

I understand that N.L.E.T.C. will release this requested information by the most expeditious means possible unless otherwise indicated by me. I specifically authorize N.L.E.T.C. to release the requested information by (please mark the requested release option).

Any means, including facsimile \_\_\_\_\_, USPS only \_\_\_\_\_, Personal on-site inspection only \_\_\_\_\_

Recipients' address or fax # \_\_\_\_\_

I hereby release N.L.E.T.C., as custodian of the above records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me at the above-mentioned address. This release of information form, or a duly executed photocopy and/or fax is valid for a period of one year from the date of execution.

I, the undersigned, after first being duly sworn, hereby acknowledge that I give the above authority to release information of my own free will and for the purposes stated therein and I have voluntarily furnished my social security number.

\_\_\_\_\_  
SIGNATURE

Subscribed and sworn to before me on this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Return completed form to:

Nebraska Law Enforcement Training Center  
3600 North Academy Road  
Grand Island, NE 68801 Fax: 308-385-6032

**The next pages contain the Nebraska Law Enforcement Training's "Entrance Physical Standard requirements" that are part of their certification program.**

**Please review these (the actual documents can be found on the Training Center's website at <http://nletc.nebraska.gov>).**

**This is not a part of our agency's initial application process, but it is a requirement of the law enforcement certification program, should you be hired by our department and are not yet a certified officer.**



## Entrance Physical Standard

In November, 2013 the Police Standards Advisory Council adopted a physical fitness entrance standard for all incoming basic students. The purpose of the entrance testing is to ensure that the student has the physical capabilities to be able to perform the required essential job tasks necessary for certification.

This entrance test will be in effect beginning in the April 2014, 188th Basic class.

The entrance fitness test will be administered to new basic students on Sunday afternoon at the beginning of orientation for the Nebraska Law Enforcement Training Center's Basic Training Session. A demonstration of each test is available [here](#). The tests are also demonstrated on the CD enclosed with the acceptance letter.

The entrance fitness test is modeled after the Cooper Institute® Test and will consist of the following:

1. Vertical Jump – See instructional video (1-2 minutes recovery)
2. 1 minute sit-ups – See instructional video (5 minutes recovery)
3. 300 Meter Sprint – Measured 300 Meters on flat surface & timed (5-10 minutes recovery)
4. 1 minute push-up – See instructional video (5 minutes recovery)
5. 1.5 mile run – Measured 1.5 miles on flat surface & timed (cool down 5 minutes)

These tests will be administered in the above listed order with the prescribed recovery periods between each test. Recovery between each test should be active (i.e. slow walking, gentle stretching)

To successfully complete the NLETC Physical Fitness Test, you must score an overall average of 30% on all testing completed which is based on gender and age norms.

The student is NOT required to score 30% on each individual test so long as your scores average to 30%. This test is scored based upon age and gender, so the percentages will vary for each applicant based upon those factors. The 30% for each age and gender grouping is as follows:

	Men 30% Standards				Women 30% Standards			
	20-29 yrs	30-39 yrs	40-49 yrs	50-59 yrs	20-29 yrs	30-39 yrs	40-49 yrs	50-59 yrs
Vertical Jump	18"	18"	14.5"	13"	13.5"	11.1"	9"	N/A
1 Minute Push-ups	26	20	15	10	13	9	7	N/A
300 Meter Sprint	62.1 sec	63 sec	77 sec	87 sec	75 sec	82 sec	106.7 sec	N/A
1 Minute Sit-ups	35	32	27	21	30	22	17	12
1.5 Mile Run	13:08	13:48	14:33	16:46	15:56	16:46	18:26	20:17

The entire list of Cooper® Standards is available [here](#). Use caution when obtaining the Cooper Standards from an alternate source, as the data may be outdated or incorrect. If you have any questions contact Mark Stephenson or John York @ 308 385-6030.



If a student fails to achieve the overall 30% on the first attempt, they will be re-tested Monday morning. If a student is unable to achieve the overall 30% after two attempts, they will not be allowed to continue with training and will be sent home.

## **PHYSICAL TASKS**

The physical tasks were identified through the most recent Job Task analysis and approved by PSAC as a part of the 2014 curriculum. These tasks must be completed by the student prior to receiving certification.

On Monday of the first week, the student will participate in physical skills testing. This testing is designed to demonstrate the essential physical tasks and the student's skill in performing the tasks.

If students cannot perform an essential task they have 16 weeks to improve their skill and will be tested a second time prior to graduation. If a student is unable to complete the essential physical tasks at the time of graduation, they will not receive basic law enforcement certification. A list of required physical tasks which the student must complete prior to graduation follows:

- Bend over to help person (200 lbs) to standing
- Grip & Hold resisting persons to maintain physical control (200 lbs 5 minutes)
- Hold/restrain struggling person (200 lbs 4 minutes)
- Physically defend against and control an attacking person
- Take down and subdue a resisting person
- Use repetitive hand movements
- Kneel &/or bend for sustained period
- Run 300' on flat surface
- Run 200' on varying terrain
- Walk up and down 4 flights of stairs
- Run Up/down 3 flights of stairs
- Climb or pull oneself over 6' tall obstacle (fence)
- Lift objects (68 lbs) off ground 38" high) w/o assistance
- Lift objects (180 lbs) off ground (40") w/assistance
- Push (38') vehicle (2 ton) out of traffic by oneself
- Lift objects (50 lbs) down from elevated surface place on ground
- Climb/Pull oneself onto a large piece of equipment or object ( platform 5'high)
- Jump down from elevated surface
- Jump/vault over ditch, hole or other hazard (36" wide)
- Kneel, squat and recover to feet
- Hold a person (150 lbs) suspended in air (stop suicide or rescue a person)
- Perform strenuous physical activities in a series (sprint, run upstairs, wrestle, pull, carry, etc)
- Perform duties wearing full duty gear
- Push door with shoulder
- Kick door with foot
- Bend over and push object
- Carry, by self, an immobile child
- Carry with someone else an immobile child on a stretcher
- Drag by yourself an immobile child
- Drag by yourself an immobile adult
- Crawl under an obstruction

- Climb over fence
- Jump /vault over fence or other barrier
- Climb through window or other such opening
- Sprint at full speed (less than 300 yds)
- Quickly exit or enter cruiser

Another reference is the PSAC approved [Medical Examination form](#) available on the NLETC web site.